STATEMENT OF

FORM 1	ı	ORGANIZA (See instruction			Office use only
1. NAME OF COMMITTEE	(in full)	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	Cinec des siny
American I	Maritime Of	ficers Voluntary Political	Action Fund		
ADDRESS (number	and street)	PO Box 66			
(Check if add	dress				
X is changed)		Dania Beach			33004 0066
			CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-	MAIL ADDRE	SS (Please provide only one e-r	,		
(Check if address is changed)	dress	smills@amo-union.o	rg 		
io origingou)					
COMMITTEE'S W	'ER PAGE AD	DRESS (URL)			
(Check if add is changed)	riess				
2. DATE	0 7 / D	1 9 / Y Y Y Y Y Y Y Y			
3. FEC IDENTIF	FICATION NUI	MBER (C C00027532		
4. IS THIS STA	TEMENT X	NEW (N) OR	AMENDED (.	A)	
I certify that I have ea	xamined this St	atement and to the best of my know	wledge and belief it is true, cor	rect and complete	
·		·	Ç	·	
Type or Print Name	e of Treasurer	Jose Leonard			
Signature of Treas	urer El <u>ectro</u>	onically Filed by Jose Leon	ard	_ Date 07	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission	of false, erroned	us, or incomplete information may		•	
Office Use Only			For further inform Federal Election Co Toll Free 800-424-9	ommission 9530	FEC FORM 1 (Revised 02/2009)